PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a coffection of information unless d displays a valid OMB control number

Under the Febalwork Reduction Act o	respond to a conscion of macrimation unless it dispusys a valid office of				
Effective on 12/08	Complete if Known Application Number 10/575,262-Conf. #8789				
Fees pursuant to the Consolidated Approp	Application Number Filing Date	<u> </u>	April 10, 2006		
FEE TRANSMITTAL		First Named Invent	E 3 (44) (DA)	Fumiki MURAKAMI	
For FY 2009		Examiner Name	H. D. Nguyen		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	4700		
TOTAL AMOUNT OF PAYMENT (\$) 390.00		Attorney Docket No. 0152-0730PUS1			
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
x Deposit Account Deposit Account Number. 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEARCH FEES EXAMINATION FEES					
Application Type Fee (\$	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$) F	Small Entity (ee (\$) Fee (\$)	Fees Paid (\$)	
Utility 330			220 110		
Design 220	110 100	50	140 70		
Plant 220	110 330	165	170 85		
Reissue 330	165 540	270	650 325		
Provisional 220	110 0	0	0 0		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)					
Fee Description					
Each claim over 20 (including Reissues)				52 26 220 110	
Laci independent claim over 5 (mendeng recisions)					
indiana dependent commis					
Total Claims Extra Claims Fee (\$) Fee Page 24 - 24 or HP x =		0014.0		ee Paid (\$)	
HP = highest number of total claims paid for	r, if greater than 20.		390.00	390.00	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)					
1 -3 or HP = x =					
HP = highest number of independent claims paid for, if greator than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
100 = 150 = (round up to a whole number) x					
4. OTHER FEE(S) Fees Paid (\$)					
Non-English Specification. \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge)					
SUBMITTED BY					
Signature	12	Registration No. 3: (Attorney/Agent)	2,881 Telephone	(703) 205-8000	
Name (Print/Type) John W. Bailey			Date	January 15, 2009	